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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
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 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
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36802 7590 09/24/2004  
**PACESETTER, INC.**  
 15900 VALLEY VIEW COURT  
 SYLMAR, CA 91392-9221  
 12/21/2004 MAHMED2 00000105 160068 09876755

01 FC:1501 1400.00 DA  
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Cristene Amador	(Depositor's name)
<i>Cristene Amador</i>	(Signature)
12/20/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/876,755	06/06/2001	Elia Arambula Mouchawar	A01PI043	1874

TITLE OF INVENTION: METHOD AND APPARATUS FOR ELECTROPHYSIOLOGICAL TESTING IN AN IMPLANTABLE DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOCKELMAN, MARK	3762	607-027000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

PACESETTER, INC.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

15900 Valley View Court  
Sylmar, CA 91392-9221Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Derrick Reed*Date *12/20/04*Typed or printed name *Derrick Reed*

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## TELECOPIER COVER SHEET

December 20, 2004

To: Assistant Commissioner for Patents	From: Cristene Amador Senior Patent Assistant 818/493-3103
Attention: BOX ISSUE FEE	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/746-4000	Telecopier: 818/362-4795
RE: Payment of ISSUE FEE Applic. No. 09/876,755 Filed: 06/06/2001 Docket No. A01P1043	Number of pages being sent: <u>2</u> (including cover page)

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